

M-BIT RACE DELAY ADDER AND METHOD OF OPERATION

DOCKET NO. 00-C-050 (STMI01-00050) Customer No. 30425

PATENT

FIAF

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of

William E. Ballachino

Serial No.

09/667,164

Filed

September 21, 2000

For

Group No.

2193

Examiner

Chat C. Do

MAIL STOP AF

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

CERTIFICATE OF MAILING BY FIRST CLASS MAIL

Sir:

The undersigned hereby certifies that the following documents:

- 1. Notice of Appeal;
- 2. Fee Transmittal for FY 2008 (in duplicate);
- 3. Check in the amount of \$510.00 for the Notice of Appeal filing fee; and
- 4. A postcard receipt

relating to the above application, were deposited as "First Class Mail" with the United States Postal Service, addressed to Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on <u>July 21, 2008</u>.

Date

July 21, 2008

Date:

J- 2008

Daniel E. Venglarik

Reg. No. 39,409

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Fax: (972) 628-3616

E-mail: dvenglarik@munckbutrus.com

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NOTICE OF APPEAL

Applicant hereby appeals to the Board of Appeals from the decision dated February 20, 2008, of the Primary Examiner finally rejecting Claims 1-5, 8-16, and 19-31.

Applicant has requested a two (2) month extension of time via facsimile on July 21, 2008 for filing a Response to the final Office Action dated February 20, 2008.

A check in the amount of \$510.00 is enclosed in payment of the Notice of Appeal filing fee. The Commissioner is hereby authorized to charge any additional fees connected with this communication or credit any overpayment to Deposit Account No. 50-0208.

ATTORNEY DOCKET NO. 00-C-050 (STMI01-00050) U.S. SERIAL NO. 09/667,164 PATENT

Respectfully submitted,

MUNCK CARTER, P.C.

Date: 4-21- 2008

Daniel E. Venglarik Registration No. 39,409

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PTO/SB/17 (10-07)

Approved for use through 06/30/2010. OMB 0651-0032

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE e required to respond to a collection of information unless it displays a valid OMB control number

Under the Paperwork Reduction Act of Complete if Known Effective on 12/08/2004 Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). Application Number 09/667,164 FEE TRANSMITTA Filing Date September 21, 2000 For FY 2008 First Named Inventor William E. Ballachnino **Examiner Name** Chat C. Do. Applicant claims small entity status. See 37 CFR 1.27 Art Unit 2193 TOTAL AMOUNT OF PAYMENT 510.00 00-C-050 (STMI01-00050) Attorney Docket No. METHOD OF PAYMENT (check all that apply) ✓ | Check Credit Card Money Order None Other (please identify): ✓ Deposit Account Deposit Account Number: 50-0208 Deposit Account Name: Munck Carter, P.C. For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) ✓ Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES** SEARCH FEES **EXAMINATION FEES Small Entity Small Entity Small Entity Application Type** Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Utility 310 155 510 210 105 255 210 Design 105 100 130 50 65 Plant 210 105 310 160 80 155 Reissue 310 155 510 255 620 310 Provisional 210 105 O 0 0 **Small Entity** 2. EXCESS CLAIM FEES Fee (\$) Fee Description Fee (\$) 50 25 Each claim over 20 (including Reissues) 210 105 Each independent claim over 3 (including Reissues) 370 185 Multiple dependent claims **Total Claims** Multiple Dependent Claims **Extra Claims** Fee (\$) Fee Paid (\$) Fee Paid (\$) - 20 or HP = \$50 Fee (\$) X HP = highest number of total claims paid for, if greater than 20. **Extra Claims** Fee Paid (\$) Fee (\$) Indep. Claims - 3 or HP = \$210 HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof Extra Sheets (round up to a whole number) x 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): Notice of Appeal \$510.00 SUBMITTED BY Registration No. Telephone 972-628-3600 Signature 39,409 Date July 21, 2008 Name (Print/Type) Daniel E. Venglarik

This collection of information is required by 37 OFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/17 (10-07)

Approved for use through 06/30/2010. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1992 15 Beach are required to respond to a collection of information unless it displays a valid OMB control number								
Effective on 12/08/2004.				Complete if Known				
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Application Number	er 09/667,	09/667,164		
FEE TRANSMITTAL				Filing Date	Septem	September 21, 2000		
For FY 2008			L	First Named Inver	ntor William	William E. Ballachnino		
Applicant claims small entity status. See 37 CFR 1.27			$-\mathbf{I}$	Examiner Name	Chat C.	Chat C. Do.		
Applicant claims small e	ntity status.	See 37 CFR 1.27	-[Art Unit	2193			
TOTAL AMOUNT OF PAYM	ENT (\$)	510.00		Attorney Docket N	10. 00-C-05	50 (STMI01-00)050)	
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Other (please identify):								
Deposit Account Deposit Account Number: 50-0208 Deposit Account Name: Munck Carter, P.C.								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
Charge any additional fee(s) or underpayments of fee(s)								
under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card								
information and authorization on PTO-2038.								
FEE CALCULATION								
1. BASIC FILING, SEARC								
	FILING FI Sn	EES SI mall Entity	EAR	CH FEES Small Entity	EXAMINATIO Sma	ON FEES III Entity		
Application Type	Fee (\$)	Fee (\$)	ee (\$)		Fee (\$) Fo	ee (\$)	Fees Paid (\$)	
Utility	310	155 5	510	255	210 1	.05		
Design	210	105 1	100	50	130	65 -		
Plant	210	105 3	310	155	160	80		
Reissue	310	155 5	510	255	620 3	310 -		
Provisional	210	105	0	0	0	0 -		
2. EXCESS CLAIM FEES Small Entity Fee Description Fee (\$) Fee (\$)								
Fee Description Each claim over 20 (including Reissues) Fee (\$) 50 25								
Each independent claim over 3 (including Reissues) 210							105	
Multiple dependent claims 370							185	
				Paid (\$)	,	<u>Multiple Depen</u>	ident Claims	
- 20 or HP = _		x <u>\$50</u> =				<u>Fee (\$)</u>	Fee Paid (\$)	
HP = highest number of total of Indep. Claims	claims paid for. Extra Claim		Fee	Paid (\$)	_			
3 or HP =		x <u>\$210</u> =						
HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE								
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<u>Total Sheets</u> <u>Extra Sheets</u> <u>Number of each additional 50 or fraction thereof</u> <u>Fee (\$)</u> <u>Fee Paid (\$)</u>								
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Fees Paid (\$)								
Other (e.g., late filing surcharge): Notice of Appeal \$510.00								
SUBMITTED BY /) / / / /								
Signature Registration No. (Attorney/Agent) 39,409 Telephone 972-628-3600							72-628-3600	
Name (Print/Type) Daniel E. Venglarik Date July 21, 2008								

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If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.